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## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045284

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 38

Primary Registration District No. 3014

Registrar's No. 157

FILED JAN 2 1963

## 1. PLACE OF DEATH

a. COUNTY Clay

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN LibertyLength of stay in lb  
1 monthc. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Manor House CourtInside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY  
OR  
TOWN Liberty,Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS 71 by pass & 69 HwyReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
Arthur Lee Trammell4. DATE OF DEATH  
Month Day Year  
December 22, 19625. SEX  
male6. COLOR OR RACE  
white7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒8. DATE OF BIRTH  
3-31-19379. AGE (last birthday)  
35IF UNDER 1 YEAR  
Months DaysIF UNDER 24 HR  
Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
dishwasher10b. KIND OF BUSINESS OR INDUSTRY  
Motel & Restuarant Hale Co. Texas11. BIRTHPLACE (City and state or country)  
Running Water12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

R. L. Trammell

## 13b. MOTHER'S MAIDEN NAME

Ada Gressett

## 14. NAME OF HUSBAND OR WIFE

unknown

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
yes

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

Ada Roberts Barksdale, Texas

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

## DUE TO (c)

Coronary Occlusion

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

found dead in motel room, in bed

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)20f. CITY, TOWN, OR LOCATION  
LIBERTYCOUNTY  
CLAYSTATE  
MISSOURI21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her  
him alive on \_\_\_\_\_.  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Douglas Semken, Deputy Sheriff

(Degree or title)

## 22b. ADDRESS

Courthouse, Liberty, Mo.

## 22c. DATE SIGNED

12-22-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

## 23b. DATE

12-29-62

## 23c. NAME OF CEMETERY OR CREMATORY

Running Water Cemetery Running Water, Texas

## 23d. LOCATION (City, town, or county)

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Pasley Funeral Home Liberty, Mo.

## 25. DATE RECD. BY LOCAL REG.

12-28-62

## 26. REGISTRAR'S SIGNATURE

Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

16003

26003

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JAN 10 1963  
APR 24 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John Pasley*

Licensed Embalmer No.

4308

P. O. Address

Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.